

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/410 854

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X		X				51		/				
2		X		X			52		/				
3		X		X			53		/				
4		X		X			54		/				
5	X		X				55		/				
6		X		X			56		/				
7		X		X			57		/				
8		X		X			58		/				
9		X		X			59		/				
10		X		X			60	/					
11		X		X			61		/				
12	X		X				62		/				
13		X		X			63		/				
14		X		X			64		/				
15		X		X			65		/				
16		X		X			66		/				
17		X		X			67		/				
18		X		X			68		/				
19		X		X			69		/				
20		X		X			70		/				
21		X		X			71		/				
22		X		X			72		/				
23		X		X			73		/				
24		X		X			74		/				
25	X		X				75		/				
26		X		X			76	/					
27		X		X			77		/				
28		X		X			78		/				
29		X		X			79		/				
30		X		X			80		/				
31		X		X			81		/				
32							82		/				
33				/			83		/				
34				/			84	/					
35				/			85		/				
36				/			86		/				
37				/			87		/				
38				/			88		/				
39				/			89		/				
40				/			90		/				
41				/			91		/				
42				/			92		/				
43				/			93		/				
44				/			94		/				
45				/			95		/				
46				/			96		/				
47				/			97		/				
48				/			98		/				
49				/			99	/					
50				/			100		/				
AL	4						TOTAL						
AL	21						INC.						
AL							TOTAL						
IMS	3						DEP.						
							TOTAL						
							CLAIMS						

Best Available Copy

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **38/ 410859** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
01		1											
02		1											
03		1											
04		1											
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL INCL.													
TOTAL DEP.													
TOTAL CLAIMS													

Best Available Copy